

CANDIDATE REPORT OF 2008  
RECEIPTS AND DISBURSEMENTS

Name of Candidate J. P. COMPRETTE  
Address 110 SCIANNA LANE County HANDOCK  
Telephone (Work) 228 467 1010 (Home) 228 467 7618 (Fax) 228 467 3118  
Contact Name \_\_\_\_\_ Email Address COMPRETTE@MCHSI.COM  
Office Sought HOUSE OF REPRESENTATIVE Political Party DEMOCRAT

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- \_\_\_\_ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory  
\_\_\_\_ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates  
✓ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.  
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	<u>4050.00</u> + <u>600.00</u>	\$ <u>4650.00</u>	\$ <u>4650.00</u>
Total amount of disbursements \$	<u>1550.00</u> + <u>500.00</u>	\$ <u>6550.00</u>	\$ <u>6550.00</u>
Total amount of cash on hand		\$ <u>9672.09</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

J. P. Comprette  
(Signature of Candidate)

02/09/09  
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
  2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED  
FEB 09 2009

Secretary of State  
Capitol Office



Name of Candidate or Committee J.P. CompreTTA  
 Reporting period 01/01/08 through 12/31/08

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BellSouth</u>	<u>01/02/08</u>	\$ <u>300<sup>00</sup></u>
Mailing Address <u>175 CAPITAL STREET - 792 Lmc</u>	<u>12/15/08</u>	\$ <u>500<sup>00</sup></u>
City, State, Zip Code <u>JACKSON MS. 39201</u>	___/___/___	\$
Name of Employer (Required) <u>Same</u>	___/___/___	\$
Occupation (Required) <u>COMMUNICATIONS</u>	Aggregate year-to-date	\$ <u>800<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms. Dental PAC</u>	<u>10/23/08</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>2630 Ridgewood Road</u>	___/___/___	\$
City, State, Zip Code <u>JACKSON MS. 39216</u>	___/___/___	\$
Name of Employer (Required) <u>Same</u>	___/___/___	\$
Occupation (Required) <u>DENTAL ASSN</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAL PAC</u>	<u>10/27/08</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>702 SW 8<sup>th</sup> Street</u>	___/___/___	\$
City, State, Zip Code <u>Bentonville AR. 72716-0150</u>	___/___/___	\$
Name of Employer (Required) <u>WAL MART</u>	___/___/___	\$
Occupation (Required) <u>Retail Sales</u>	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MOTOROLA INC</u>	<u>11/19/08</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>1303 E. ALGONGQUIN Rd</u>	___/___/___	\$
City, State, Zip Code <u>Schaumburg IL 60196</u>	___/___/___	\$
Name of Employer (Required) <u>Same</u>	___/___/___	\$
Occupation (Required) <u>Communications</u>	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>

Name of Candidate or Committee J.P. COMPARETTA  
 Reporting period 01/01/08 through 12/31/08

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TOYOTA - Gulf States Inc</u>		<u>11/19/08</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>P.O. Box 40306</u>		___/___/___	\$
City, State, Zip Code <u>HOUSTON TX 77240-0306</u>		___/___/___	\$
Name of Employer (Required) <u>SAME</u>		___/___/___	\$
Occupation (Required) <u>Automobile Sales</u>		Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Commonwealth - C/O PLATO</u>		<u>11/19/08</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address <u>C/O P.O. Box 16212</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON MS 39236</u>		___/___/___	\$
Name of Employer (Required) <u>SAME</u>		___/___/___	\$
Occupation (Required) <u>TOBACCO Prod.</u>		Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$



Name of Candidate or Committee J.P. Comptre TA  
 Reporting period 01/01/08 through 12/31/08

## ITEMIZED DISBURSEMENTS

A. Full name <u>Hancock County Democratic Exec</u>	Date (Mo., Day, Year) <u>01/02/08</u>	Amount of each disbursement this period \$ <u>500<sup>00</sup></u>
Mailing Address <u>Comm.</u>		
City, State, Zip Code <u>Bay St. Louis Ms. 39520</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>500<sup>00</sup></u>
B. Full name <u>Stewpot Community Services</u>	Date (Mo., Day, Year) <u>05/03/08</u>	Amount of each disbursement this period \$ <u>250<sup>00</sup></u>
Mailing Address <u>1008 W. Capitol St</u>		
City, State, Zip Code <u>JACKSON Ms. 39203</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>250<sup>00</sup></u>
C. Full name <u>V-PAC</u>	Date (Mo., Day, Year) <u>05/16/08</u>	Amount of each disbursement this period \$ <u>500<sup>00</sup></u>
Mailing Address <u>PO Box 2742 360-2069</u>		
City, State, Zip Code <u>JACKSON Ms. 39207</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>500<sup>00</sup></u>
D. Full name <del>Ms. Dental PAC</del> <u>HANCOCK Co. Tourism</u>	Date (Mo., Day, Year) <u>11/19/08</u>	Amount of each disbursement this period \$ <u>300<sup>00</sup></u>
Mailing Address <u>BLAIZE Ave</u> <u>Dev. Bureau</u>		
City, State, Zip Code <u>Bay St. Louis Ms 39520</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>300<sup>00</sup></u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$